FORM D

U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

MANUALLY EXECUTED

FORM D

OMB APPROVAL

OMB NUMBER: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response . . 16.00



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.)							- 16
145 PARTNERS, LLC							
Filing Under (Check box(es) that apply):	Rule 504	Rule 505	Rule 50	06	Section 4(6)	[] t	ILOÉ / SA
Type of Filing: New Filing	Amendment	•	_	_			EWED KER
		A. BASIC IDENT	IFICATION D	DATA		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	181
1. Enter the information requested about th	e issuer						
Name of Issuer (check if this is an amer	ndment and name has	changed, and indica	te change.)			٠.	15.44 × 4 7001
145 PARTNERS, LLC						<u> </u>	
Address of Executive Offices			(Num	ber and Stree	et, City, State, Z	ip Code)	Telephone Number
Three Landmark Square, 2nd Floor	r, Stamford, Con	necticut 06901					(Including Área Code) (203) 569-1533
Address of Principal Business Operations (if different from Executive Offices)		PAC	CES®E	ler and Stree	et, City, State, Z	ip Code)	Telephone Number (Including Area Code)
		NAM ///	2 2 2007				()
Brief Description of Business		P/ The	Ohanon.				
securities investment		, 144	OMSON				
Type of Business Organization			ANCIAL	_			
Corporation		hip, already formed		other (pl	ease specify): I	imited liab	ility company
business trust	limited partners	hip, to be formed				_	
		Month Year			_	_	
Actual or Estimated Date of Incorporation of	or Organization:	[0]1][0]	7]		Actual	∐ E	stimated
Jurisdiction of Incorporation or Organization	•	J.S. Postal Service ab Canada; FN for other			D][E]		
GENERAL INSTRUCTIONS		<u>-</u> -					

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENTI	IFICATION DATA						
2. Enter the informatio	on requested for the follow	wing:							
Each promo									
 Each benefic 									
• Each execut	ive officer and director o	of corporate issuers and of corpo	orate general and managing partn	ers of partnership issuers	; and				
Each general and managing partner of partnership issuers.									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Managing Member				
Full Name (Last name first, if it	ndividual)								
145 Associates, LLC									
Business or Residence Address	(Number and Street, Ci	ity, State, Zip Code)							
Three Landmark Square, 2nd Floor, Stamford, Connecticut 06901									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Principal of Managing Memb	General and/or oer Managing Partner				
Full Name (Last name first, if it	ndividual)			22					
Jellinek, Peter Max									
Business or Residence Address	(Number and Street, Ci	ity, State, Zîp Code)			·				
c/o 145 Associates, LLC,	Three Landmark Se	quare, 2nd Floor, Stamfo	rd, Connecticut 06901						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if it	ndividual)								
Business or Residence Address	(Number and Street, Ci	ity, State, Zip Code)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if in	ndividual)								
Business or Residence Address	(Number and Street, Ci	ty, State, Zip Code)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if it	ndividual)								
Business or Residence Address	(Number and Street, Ci	ty, State, Zip Code)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if it	ndividual)								
Business or Residence Address	(Number and Street, Ci	ty, State, Zip Code)							
		-							
·	(Use blan	k sheet, or copy and use additi	onal copies of this sheet, as neces	sary.)					

•				-	B. IN	IFORM	ATION	ABOUT	OFFER	RING				
I. Ŋ	Has the	issuer sold.	, or does the	issuer inte	nd to sell, t	o non-accre	dited inves	tors in this	offering?			•••••		Yes No
•					Answei	also in Ap	pendix, Co	lumn 2, if fi	iling under	ULOE.				
2.	What is the minimum investment that will be accepted from any individual?*\$1,000,000							* <u>\$1,000,000</u>						
	*Minimum may be waived.													
3.	Yes No													
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Full Nam	e (Last nai	me first, if	individual)											
Dusinasa	D: d		- (Niverbas a	and Change	Cian Pana	7in Cada						.	 	
Business	or Resider	ice Addres	s (Number a	ina Street,	City, State,	Zip Code)								
Name of	Associated	l Broker or	Dealer											
States in	Which Per	son Listed	Has Solicite	d or Intend	ds to Solicit	Purchasers			1 100					
(Check			individual S	•			_							All States
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	(MT) [RI]	[NE] [SC]	[NV] [SD]	(NH) (TN)	[NJ] [TX]	(NM) [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	(OR) [WY]	[PA] [PR]	
Full Nam	c (Last na	me first, if	individual)				,							
	15 . 1 . 1		41 1		O: 0	2 : 6.15								
Business	or Resider	ice Addres	s (Number a	ind Street,	City, State,	Zip Code)								
Name of	Associated	l Broker or	Dealer				· · · · · · · · · · · · · · · · · · ·							
States in	Which Per	son Listed	Has Solicite	ed or Intend	ds to Solicit	Purchasers	1							
(Check	All States	" or check	individual S	States)	•••••				• • • • • • • • • • • • • • • • • • • •					All States
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	(DE) (MD)	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	[MT] [RI]	(NE) [SC]	(NÝ) (SD)	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	(OR) [WY]	[PA] [PR]	
Full Nam			individual)	[111]	[17,]	(01)	[* 1]	[t A]	[WA]	[** *]	[***)	(** 1)	(FIC)	
Business	or Resider	ice Addres	s (Number a	nd Street,	City, State,	Zip Code)								-
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check '	'All States	" or check	individual S	States)					•••••	••••••				All States
	[AL] [IL]	[AK] [IN]	(AZ) [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	(DE) (MD)	[DC] [MA]	[FL] [MI]	[GA] [MN]	(HI] [MS]	[ID] [MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	S
1. •	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an		
1	exchange offering, check this box and indicate in the columns below the amounts of		
•	the securities offered for exchange and already exchanged.	A garagata	Amount Already
	Type of Security	Aggregate Offering Price	Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred	Ψ	
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify: limited liability company interests)*	\$250,000,000	\$5,400,000
	Total*		
		\$250,000,000	\$ <u>5,400,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	6	\$ <u>5,400,000</u>
	Non-accredited Investors	N/A	\$N/A
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	-	D. II.
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	Security	\$
	Regulation A		Ψ
	Rule 504		φ
	Total		Φ
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		Φ
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$50,000
	Accounting Fees		\$ <u>5,000</u>
	Engineering Fees		φ <u>υ,σου</u> Φ
			φ
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Miscellaneous (blue, sky fees, duplicating, courier, etc.)		\$ <u>5,000</u>
	Total		\$ <u>60,000</u>

	C. OFFERING PRICE, NUMBER O	F INVESTORS, EXPENSES AND USE O	F PROCEED	S
	b. Enter the difference between the aggregate off Question 1 and total expenses furnished in resport is the "adjusted gross proceeds to the issuer."	se to Part C - Question 4.a. This difference		*\$249,940,00
5.	Indicate below the amount of the adjusted gross pe used for each of the purposes shown. If the an an estimate and check the box to the left of the estimate equal the adjusted gross proceeds to the issue 4.b above.	nount for any purpose is not known, furnish timate. The total of the payments listed		
			Payments to Officers, Directors, &	
	Salarias and face		Affiliates	Others
	Salaries and fees		\$	
	Purchase of real estate		S	
	Purchase, rental or leasing and installation of mac		□ \$	
	Construction or leasing of plant buildings and fac		□ \$	_ 🗆 \$
	Acquisition of other businesses (including the va that may be used in exchange for the assets or sec merger)	curities of another issuer pursuant to a	□\$	□\$
	Repayment of indebtedness		□\$	_
	Working capital			
	Other (specify): to be used as described in Issuer		□\$	
	Column Totals	_	<u></u> \$	
	Total Payments Listed (column totals added)			
	Total Fayments Listed (column totals added)		* 🖾	\$ <u>249,940,000</u>
	D	FEDERAL SIGNATURE		
follow of its s	suer has duly caused this notice to be signed by the ing signature constitutes an undertaking by the issue taff, the information furnished by the issuer to any print or Type)	er to furnish to the U.S. Securities and Excha-	nge Commissi	on, upon written requ 502.
4 4 7 D	ADMIEDO II O	[18hm]	1	8. 13 TH ,200
	ARTNERS, LLC 5 Associates, LLC, its Managing Member		1/2	8. /3 , 20 0
		ule of Signer (Print or Type)		
Peter l		Principal of Managing Member		
	* S	ee asterisked comment on p.4.		

ATTENTION

Intentional misstatements or omissions of act constitute federal criminal violations. (See 18 U.S.C. 1001.)